

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | |
|--|--|---|----------------------|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME | MRS / MRS / MR FIRST <u>William</u> MI <u>E</u> NICKNAME <u>Bill</u> LAST <u>BAYNE</u> SUFFIX | OFFICE USE ONLY Date Received <div style="font-size: 2em; margin-top: 20px;">BP 10/9/18</div> Date Hand-Delivered or Date Postmarked <div style="font-size: 2em; margin-top: 20px;">BP 10/9/18</div> Receipt # Amount \$ Date Processed <div style="font-size: 2em; margin-top: 20px;">BP 10/9/18</div> Date Imaged <div style="font-size: 2em; margin-top: 20px;">BP 10/9/18</div> | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>888 ELKINS LAKE HUNTSVILLE TX 77340</u> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(713) 875-2503</u> | | |
| 6 CAMPAIGN TREASURER NAME | MRS / MRS / MR FIRST <u>DENNIS</u> MI NICKNAME <u>REED</u> LAST SUFFIX | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>1518 14th STREET HUNTSVILLE, TX 77340</u> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(832) 492-2549</u> | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year <u>7 / 1 / 18</u> THROUGH <u>9 / 27 / 18</u> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <u>10 / 6 / 18</u> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <u>CITY COUNCIL AT LARGE POSITION 2</u> | |
| GO TO PAGE 2 | | | |

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

William E. Bayne

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

1.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

301.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

-0.00-

4. TOTAL POLITICAL EXPENDITURES

F1, F2, F4, G, H

\$

1933.56

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$

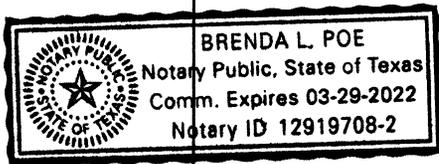
-0.00-

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

William E. Bayne
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *William E. Bayne*, this the *9th* day of *October*, 20*18*, to certify which, witness my hand and seal of office.

Brenda Poe

Signature of officer administering oath

Brenda Poe

Printed name of officer administering oath

Deputy City Secretary

Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

| | | |
|---|--|--|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: | MONETARY POLITICAL CONTRIBUTIONS | \$ 301.00 |
| 2. <input type="checkbox"/> SCHEDULE A2: | NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. <input type="checkbox"/> SCHEDULE B: | PLEGGED CONTRIBUTIONS | \$ |
| 4. <input type="checkbox"/> SCHEDULE E: | LOANS | \$ |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: | POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1,933.50 |
| 6. <input type="checkbox"/> SCHEDULE F2: | UNPAID INCURRED OBLIGATIONS | \$ |
| 7. <input type="checkbox"/> SCHEDULE F3: | PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. <input type="checkbox"/> SCHEDULE F4: | EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. <input type="checkbox"/> SCHEDULE G: | POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. <input type="checkbox"/> SCHEDULE H: | PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. <input type="checkbox"/> SCHEDULE I: | NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. <input type="checkbox"/> SCHEDULE K: | INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 1 |
| 2 FILER NAME WILLIAM BAYNE | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 09/04/18 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ROBERT KARL MAHAFFEY | 7 Amount of contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code | | |
| 8 Principal occupation / Job title (See Instructions) DOCTOR / RETIRED | | 9 Employer (See Instructions) SELF |
| Date 09/17/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM J. BLYTHE | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) |
| Date 09/20/18 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHNNY L. GREEN | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) RETIRED | | Employer (See Instructions) |
| Date | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) | Amount of contribution (\$) |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

| | | | |
|---|--|---|---------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: | |
| 2 FILER NAME | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ | |
| 5 Date of loan | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | 9 Loan Amount (\$) | |
| 6 Is lender a financial Institution? Y N | 8 Lender address; City; State; Zip Code | 10 Interest rate | |
| | | 11 Maturity date | |
| 12 Principal occupation / Job title (See Instructions) | | 13 Employer (See Instructions) | |
| 14 Description of Collateral <input type="checkbox"/> none | | 15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> | |
| 16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable | 17 Name of guarantor | | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) | |
| Date of loan | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | Loan Amount (\$) | |
| Is lender a financial Institution? Y N | Lender address; City; State; Zip Code | Interest rate | |
| | | Maturity date | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) | |
| Description of Collateral <input type="checkbox"/> none | | Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/> | |
| GUARANTOR INFORMATION <input type="checkbox"/> not applicable | Name of guarantor | | Amount Guaranteed (\$) |
| | Guarantor address; City; State; Zip Code | | |
| Principal Occupation (See Instructions) | | Employer (See Instructions) | |
| <p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.</p> | | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: **1 OF 2** 2 FILER NAME **WILLIAM BAYNE** 3 Filer ID (Ethics Commission Filers)

4 Date **09/17/18** 5 Payee name **SPEEDMAIL BUSINESS CENTER**

6 Amount (\$) **\$.184** 7 Payee address; City; State; Zip Code
SAM HOUSTON AV. HUNTSVILLE, TX

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
PRINTING EXPENSES COPIES

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name **William E. Bayne** Office sought **City Council / Large Pos. 2** Office held

Date **09/19/18** Payee name **WALMART**

Amount (\$) **\$ 28.76** Payee address; City; State; Zip Code
I-45 HUNTSVILLE, TX

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
PRINTING EXPENSES LABELS

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

Date **09/24** Payee name **OFFICE DEPOT**

Amount (\$) **\$ 52.05** Payee address; City; State; Zip Code
I-45 HUNTSVILLE, TX

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
PRINTING EXPENSES ENVELOPES

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | |
|---|--------------------------------------|---------------------------------------|
| 1 Total pages Schedule F1: 2 OF 2 | 2 FILER NAME WILLIAM BAYNE | 3 Filer ID (Ethics Commission Filers) |
|---|--------------------------------------|---------------------------------------|

| | |
|---------------------------|---|
| 4 Date 09/27/18 | 5 Payee name WAGAMON PRINTING |
|---------------------------|---|

| | |
|-----------------------------------|--|
| 6 Amount (\$) \$1400.91 | 7 Payee address; City; State; Zip Code SYCAMORE HUNTSVILLE, TX |
|-----------------------------------|--|

| | | |
|------------------------------------|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE SIGNS | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|------------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|-------------------------|---------------------------|
| Date 09/27/18 | Payee name USPS |
|-------------------------|---------------------------|

| | |
|--------------------------------|---|
| Amount (\$) \$450.00 | Payee address; City; State; Zip Code HUNTSVILLE, TX |
|--------------------------------|---|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE MAILING | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

| | |
|------|------------|
| Date | Payee name |
|------|------------|

| | |
|-------------|--------------------------------------|
| Amount (\$) | Payee address; City; State; Zip Code |
|-------------|--------------------------------------|

| | | |
|-------------------------------|--|---|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
|-------------------------------|--|---|

| | | | |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F4: | 2 FILER NAME | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD | | \$ |
| 5 Date <i>9-24-18</i> | 6 Payee name <i>OFFICE LEAD</i> | |
| 7 Amount (\$) <i>52.05</i> | 8 Payee address; City; State; Zip Code | |
| 9 TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | |
| 10 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) | (b) Description |
| | <i>PRINTING EXPENSE - ENVELOPES</i> | |
| 11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | | |
|--|---|---------------|--|
| Date <i>9-27-18</i> | Payee name <i>USPS</i> | | |
| Amount (\$) <i>450.00</i> | Payee address; City; State; Zip Code | | |
| TYPE OF EXPENDITURE | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | Description | |
| | <i>ADVERTISING EXPENSE - POSTAGE & MAILING</i> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|---|--|---|
| 1 Total pages Schedule G: <u>1</u> | 2 FILER NAME <u>WILLIAM E. BAYNE</u> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>9-27-18</u> | 5 Payee name <u>WAGAMON PRINTING</u> | |
| 6 Amount (\$) <u>1,400.91</u> <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address; City; State; Zip Code <u>SYCAMORE HUNTSVILLE, TX.</u> | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE - SIGAK</u> | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | |
|---|--|
| Date | Payee name |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought Office held |

| | |
|---|--|
| Date | Payee name |
| Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Office sought Office held |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED